

ADA Guide to Reporting D4346

Developed by the ADA, this guide is published to educate dentists and others in the dental community on this scaling procedure and its CDT code.

ADA Code of Ethics: Veracity

This is the foundation for the ADA's position –
"Code for what you do, and do what you coded for."

Section 5 of the *ADA Principles of Ethics and Code of Professional Conduct* is particularly applicable when determining the treatment plan and procedure coding.

SECTION 5 — Principle: Veracity ("truthfulness")

The dentist has a duty to communicate truthfully.

Code of Professional Conduct

- 5.A. Representation of Care. Dentists shall not represent the care being rendered to their patients in a false or misleading manner.
- 5.B. Representation of Fees. Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

Advisory Opinions

- 5.B.5. Dental Procedures. A dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.
- 5.B.6. Unnecessary Services. A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct. The dentist's ethical obligation in this matter applies regardless of the type of practice arrangement or contractual obligations in which he or she provides patient care.

Celebrating 150th year of the ADA Code of Ethics!

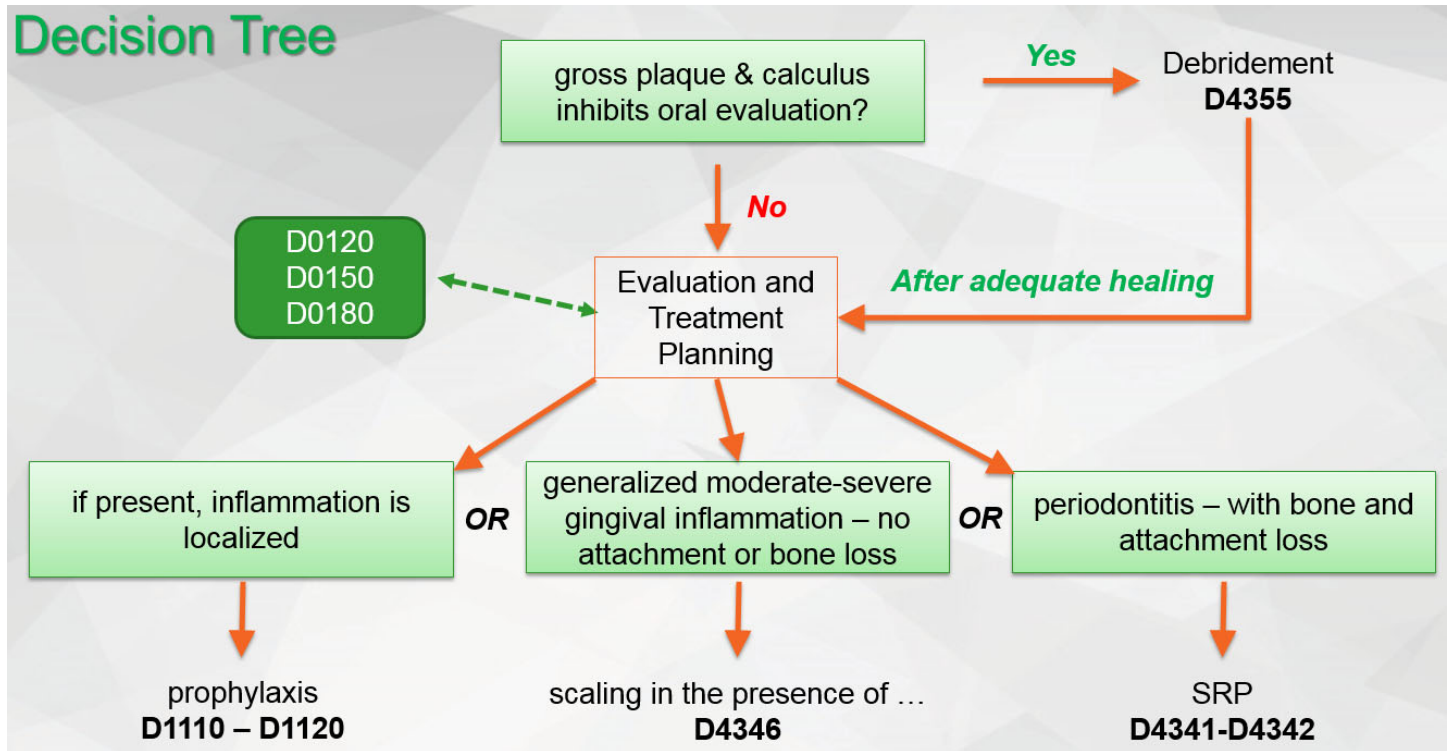


The full CDT Code entry –

D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Visualizing the decision-making process: How a dentist decides whether or not the D4346 procedure is appropriate for a patient –



Questions and Answers

1. Why was D4346 added to the CDT Code?

- a) Current CDT codes document procedures for patients with generally healthy periodontium, or patients with periodontal disease that has accompanying loss of attachment (e.g. periodontal pockets and bone loss).
 - D1110 is primarily a preventive procedure, but can be therapeutic depending on the periodontium’s overall health. It is applicable for patients with generally healthy periodontium where any deposits are removed to control irritational factors, and for patients with localized gingivitis to prevent further progression of the disease.
 - Codes D4341 and D4342 are therapeutic procedures, and are indicated for patients who require scaling and root planing due to bone loss and subsequent loss of attachment. Instrumentation of the exposed root surface to remove deposits is an integral part of this procedure.
 - There is no CDT Code available to report therapeutic treatment of patients with generalized moderate to severe gingival inflammation, with or without pseudo-pockets but exhibiting no bone loss – **this is the gap filled by D4346.**
- b) Filling this gap will result in more accurate documentation and reporting by eliminating consideration of:
 - D4999 as this code requires a narrative containing information that limits auto-adjudication
 - “Undercoding” as a Prophylaxis procedure
 - “Overcoding” as a Scaling and Root Planing procedure

2. Would the D4346 procedure be appropriate for a “hard prophylaxis” where more time than usual is required to remove plaque, calculus and excessive staining from the tooth structures in order to control local irritational factors?

If the “hard prophylaxis” is being defined strictly by the amount of time required to complete the procedure, then no D4346 is not appropriate. The D4346 procedure is applicable when there is generalized moderate or severe gingival inflammation in the absence of attachment loss. In other words, the procedure is based on the diagnosis rather than intensity of treatment required.

3. How do you differentiate the scaling procedure documented with code D4346 from the full mouth debridement procedure reported with code D4355?

D4346 is a therapeutic service performed **after** evaluation and diagnosis of gingivitis to remove all deposits and promote tissue healing. D4355, the removal of gross deposits from tooth surfaces, is an enabling procedure delivered **before** the subsequent comprehensive periodontal evaluation.

4. What sort of oral evaluation is appropriate before delivery of D4346?

As with all therapeutic procedures, D4346 is performed after a periodic (D0120), comprehensive (D0150), or comprehensive periodontal (D0180) oral evaluation.

5. May the oral evaluation and the D4346 procedure be performed on the same date of service?

Yes. There is nothing in either CDT code’s nomenclature or descriptor that precludes their delivery and reporting on the same date of service.

6. What is the clear and accepted definition of “...generalized moderate to severe gingival inflammation...” so that the D4346 procedure can be differentiated from prophylaxis procedures?

- a) The AAP defines generalized chronic periodontitis¹ to be when 30% or more of the patient’s teeth at one or more sites are involved, and it is reasonable to extend this definition to a patient with gingivitis.

¹ (J. Perio July 2015 American Academy of Periodontology Task Force Report on the Update to the 1999 Classification of Periodontal Diseases and Conditions [Original reference – Consensus Report: Chronic Periodontitis. 1999 International Workshop for a Classification of Periodontal Diseases and Conditions. *Ann Periodontol* 1999;4:38])

- b) The Gingival Index of Löe and Silness defines gingival inflammation as follows:

0 = normal gingiva

1 = mild inflammation- slight change in color and slight edema but no bleeding on probing

2 = moderate inflammation- redness, edema, and glazing, bleeding on probing

3 = severe inflammation- marked redness and edema, ulceration with tendency to spontaneous bleeding.

7. What procedure is appropriate for patients with localized gingival inflammation (gingivitis)?

D1110 is applicable for patients with localized gingivitis to prevent further progression of the disease.

8. What procedure is appropriate for a patient who has recession without pockets or inflammation (meaning the remaining periodontium is healthy), and no history of SRP – should I consider D1110, D4341/D4342 or D4346?

A prophylaxis procedure is appropriate and is documented with CDT code D1110. If there were pockets and inflammation an SRP (D4341/D4342) could be delivered. The D4346 procedure is not applicable since the patient does not present with gingival inflammation.

9. Is there a waiting period between completion of a D4346 and delivery of a prophylaxis as part of the patient's routine preventive regimen?

There is no set waiting period. D4346 is a therapeutic procedure to bring the patients periodontium back to health. Based on the patients' needs, the dentist is in the best position to determine when the patient can assume a regular preventive regimen that includes oral prophylaxis.

10. D4346 is a full mouth procedure; does this mean that it is completed in a single day?

This procedure is expected to be completed on a single date of service, but patient comfort and acceptance may require delivery over more than one visit. Should more than one day be required the date of completion is the date of service.

11. What dental professional would deliver the D4346 procedure?

As with all procedures documented with CDT codes, state laws regulating scope of practice determine which persons may deliver the service.

12. Is local anesthesia used when delivering D4346?

Patient needs and preferences, as well as the clinical state of the dentition, are factors that the dentist considers when determining the need for local anesthesia. State law determines who may deliver the anesthetic agent, which would be documented on the patient's record using the applicable CDT code.

13. What should be documented in the patient's record to support delivery of D4346?

- a) Periodontal charting that records (pseudo) pocket depths and bleeding on probing. (Note: Pocket depth may be recorded without loss of attachment.)
- b) Diagnostic images (type and frequency to be determined by the dentist) may be helpful to document the gingiva's condition (e.g., visualize localized v. generalized inflammation) for retention in the patient's chart.

14. Is D4346 a procedure followed by periodontal maintenance reported with D4910?

No. D4346 is performed in patients who do not exhibit any loss of attachment. D4910 is a procedure that includes site specific root planing as needed in patients who have been treated for attachment loss.

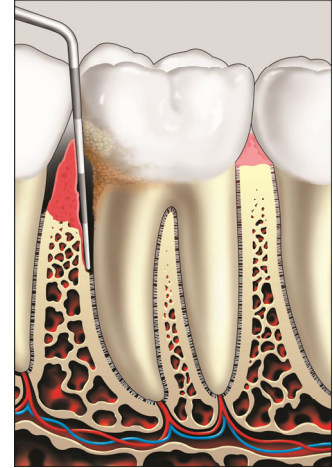
15. The procedure reported with CDT code – “D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap” may be part of the treatment plan for a patient who also has moderate to severe gingival inflammation. Could D6081 and D4346 be delivered to the patient on the same date of service?

No. Both D6081 and D4346 may not be delivered on the same date of service; the D6081 descriptor states that this procedure is not performed in conjunction with the D4346 procedure.

Please note that D6081's descriptor also states that this procedure is not performed in conjunction with (i.e., delivery and reporting on the same date of service) either the D1110 or D4910 procedures.

16. What do you mean by “Loss of attachment”?

This term is defined (*Stedman’s Medical Dictionary for Dental Professionals; 1st Edition, 2007*) as: “Damage to the structures that support the tooth; results from periodontitis and is characterized by relocation of the junctional epithelium to the tooth root, destruction of the fibers of the gingiva, destruction of the periodontal ligament fibers, and loss of alveolar bone support from around the tooth.” (see illustration). **Loss of attachment results from loss of bone.**



17. Why was the procedure for “scaling in the presence of...generalized gingival inflammation” assigned a code in the CDT Code’s “D4xxx” (Periodontics) category rather than in “D1xxx (Preventive)?

The procedure is considered therapeutic for a patient in a diseased state, as noted by the following sentence in the D4346 descriptor – “It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing.” When a patient is diagnosed with generalized gingivitis following an oral evaluation this scaling procedure treats the generalized gingival inflammation and pseudopockets present.

18. Can a patient who received the D4346 scaling procedure then receive a D4341 (or D4342) scaling and root planing procedure?

There is no exclusionary language in the nomenclatures or descriptors of D4346, D4341 or D4342, as dentists recognize that periodontal disease may be progressive. The CDT Code fully supports documentation and reporting of procedures at any time the dentist determines they are necessary for the patient’s oral health. This is a matter of clinical judgment by the treating dentist. Benefit design should not guide the clinical determination of procedure performed. For example:

¹ **Scenario 1:** A patient presents and after an oral evaluation the dentist determines that there is generalized moderate to severe gingival inflammation **without** attachment or bone loss. **The treatment plan based on this evaluation is delivery of D4346.** When completed the patient receives oral hygiene instruction that when followed would reduce the likelihood of continued or recurring inflammation.

On a later date the same patient presents, complaining of bleeding gums or at the next scheduled oral evaluation, the dentist notices that the patient now has periodontitis with attachment and bone loss. In this event a **new treatment plan** is prepared that includes scaling and root planing procedures (e.g., D4341 or D4342). For this recurrent episode of disease scaling (D4346) is not repeated prior to SRP because the patient has bone loss.

² **Scenario 2:** A patient presents and is diagnosed with localized or generalized **periodontitis** with evidence of bone loss. The treatment plan based on this evaluation is scaling and root planing (D4341 or D4342). Any subsequent treatment would be either periodontal maintenance (D4910) or repeating the SRP treatment. The D4346 procedure is not applicable as part of initial or subsequent treatment in this scenario because the patient exhibits bone loss, and “scaling” is an inherent component of the SRP procedure.

The following chart illustrates these and other clinical scenarios.

Findings upon evaluation		Treatment rendered/ planned
Gingiva	Attachment/Bone	Procedure Code
Generally healthy, if present gingival inflammation is localized	Healthy - No attachment or bone loss	D1110
Generalized moderate to severe gingivitis	Healthy - No attachment or bone loss ¹	D4346 (No D1110)
Localized gingivitis	Localized bone loss ²	D1110 + SRP as applicable (D4341, D4342) + other treatment as needed*
Generalized gingivitis	Localized or generalized bone loss ²	D1110 + SRP as applicable (D4341, D4342) + other treatment as needed*

*Note: This guide does not address other treatments for periodontitis (e.g. osseous surgery, bone graft etc.) that may be planned to treat the disease.

19. If one quadrant of scaling and root planing is performed because there is bone loss only in that quadrant, can you report D4346 for the rest of the mouth on the same date of service?

According to the D4346 descriptor this procedure "...Should not be reported in conjunction with prophylaxis, *scaling and root planing* [emphasis added] or debridement procedures." In an exceptional situation the dentist could submit a claim for both services with an explanatory narrative. This would not necessarily result in reimbursement for either one or both of these separate scaling procedures.

20. What would be an appropriate fee for the D4346 procedure – something between a prophylaxis fee and a scaling and root planing fee?

Each dentist who decides to deliver the D4346 procedure would set an appropriate fee based on the full cost of delivery for their own practice. One dentist might consider a value between a D1110 and a D4341, while another may not. This is each dentist's business decision.

21. Are there any frequency limitations on the scaling procedure?

Patient needs differ and the dentist's clinical evaluation determines when the D4346 procedure is indicated to maintain oral health. Dental benefit plans may, however, have coverage limitations or exclusions that may limit available reimbursements. It is important that the patient understand that not all procedures needed to maintain oral health or address dental disease are covered by dental benefit plans.

22. How often will a dental benefit plan provide coverage and reimbursement for the D4346 procedure?

The CDT Code provides a means to document and report services rendered. Reimbursement as with all codes is determined by provisions of the patient's dental benefits plan. The patient's dental plan determines coverage and defines which services are covered as well as limitations and exclusions, which may vary, based on regulatory requirements and/ or the level of coverage.

It is likely that coverage limitations and reimbursement amounts will vary between dental benefit plans as such matters are often determined through actuarial experience. It is also likely that payers will take into account the rate of progression of periodontal disease when determining a frequency limitation to the D4346 and follow-up D4341/D4342 procedures. The best way to know is to ask the carrier (e.g., submit a pre-determination request).

23. If radiographs on the date of service are not required as part of the D4346 procedure, what about periodontal charting – considering both patient record-keeping and claim submission?

From the record keeping perspective the patient’s record should contain necessary radiographs and charting within the last year to document the state of inflammation, pocketing and loss of attachment or bone. Photographs taken on the date of service are also helpful for visual documentation. Any patient who shows sign of disease should have an up to date chart and images in their record. The American Academy of Periodontology (AAP) recommends annual charting.

(Note: Dental benefit plans (aka: dental insurance companies; third-party payers) may vary in their supporting documentation requirements for D4346 claim submissions.)

24. Patients with full mouth implant supported prostheses without any natural teeth have abutments and prostheses that need to be cleaned regularly. Because the D4346 CDT Code entry does not specify the type of tooth involved – natural or prosthetic – is it appropriate to use this code for such regular cleaning?

The D4346 procedure is applicable to natural teeth as it’s descriptor describes the procedure as “...removal of plaque, calculus and stains from supra- and sub-gingival *tooth surfaces* [emphasis added]...” According to the D6080 nomenclature that procedure applies to implants.

Snapshot of differences between procedure codes

Attribute	Procedure			
Nomenclature	prophylaxis – adult; prophylaxis – child	scaling in the presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation	periodontal scaling and root planing – four or more (<i>or one to three</i>) teeth per quadrant	periodontal maintenance
CDT Code	D1110 D1120	D4346	D4341 D4342	D4910
Precursor Procedure(s)	oral evaluation	oral evaluation diagnostic image(s)	oral evaluation diagnostic image(s) including radiographs	active periodontal therapy (following SRP, Gingival Flap, or Osseous surgery)
Procedure features	scaling and polishing	sub-gingival (pseudo-pockets) scaling and polishing	sub-gingival (pockets with loss of attachments) scaling and polishing	scaling, polishing, and root planing (site specific)
Clinical condition	Localized gingival inflammation, if any	generalized moderate to severe gingival inflammation	periodontal disease including loss of attachment	ongoing therapy to treat periodontal disease

Clinical Scenarios

1. Illustrations of situations where gross debridement may be applicable

D4355 full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

Note the generalized nature of deposits. Periodontal probing and charting may be difficult in such a case, and debridement could facilitate the comprehensive oral evaluation.



2. Illustrations of situations where oral prophylaxis may be applicable

D1110 prophylaxis – adult

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

D1120 prophylaxis – child

Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.

- a) Note localized inflammation. Generally healthy periodontium with no loss of attachment.



- b) Note stains and some supragingival deposits and localized inflammation but there is no bone loss.

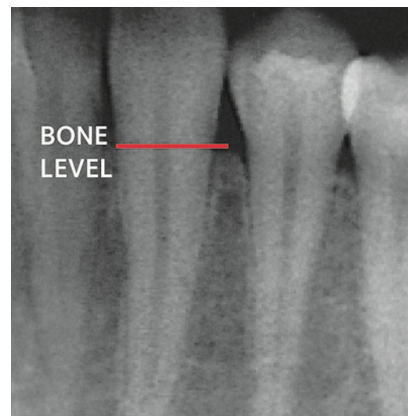
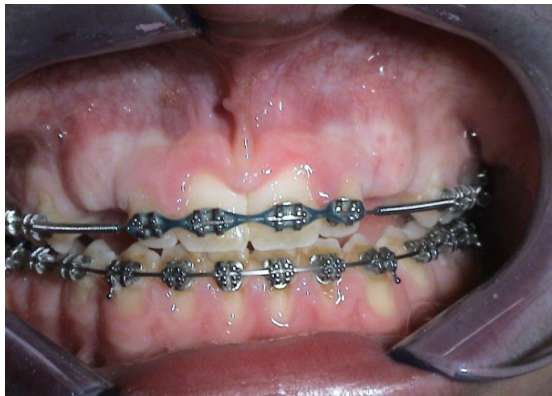


3. Illustrations of situation where scaling may be applicable

D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Note generalized inflammation with some pseudo-pockets. No apparent attachment loss.



4. Illustrations of situations for SRP and future periodontal maintenance

D4341 periodontal scaling and root planing – four or more teeth per quadrant

This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

D4342 periodontal scaling and root planing – one to three teeth per quadrant

This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

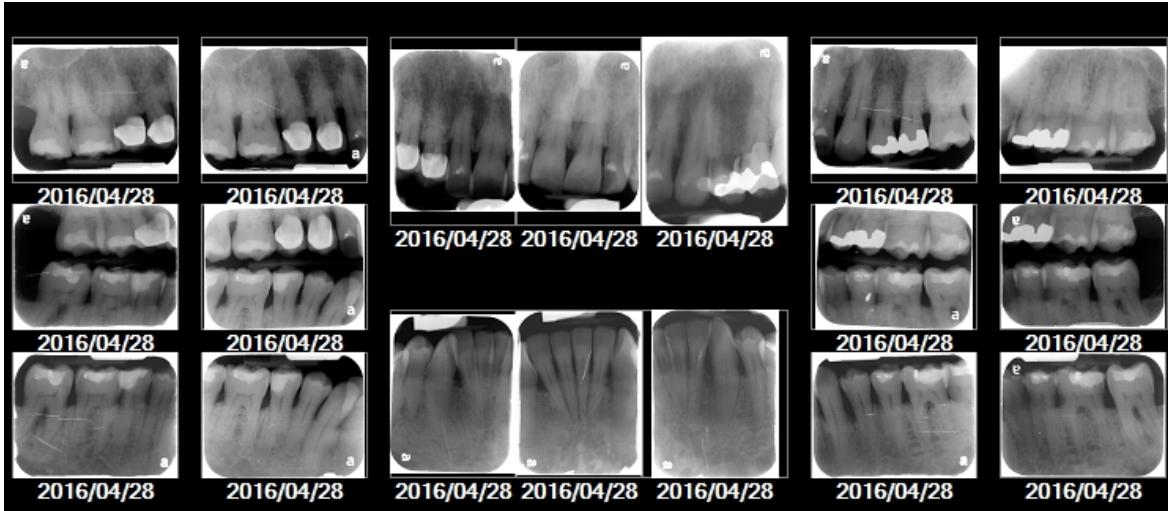
D4910 periodontal maintenance

This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

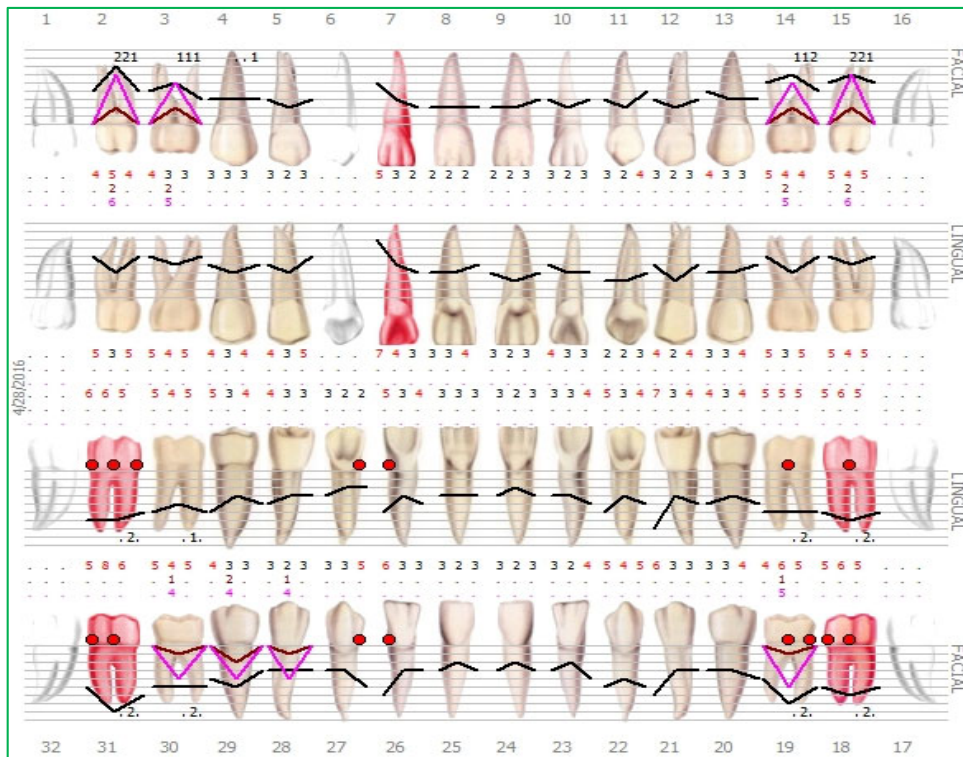
a) Photographic evidence of generalized attachment loss



b) Radiographic evidence of bone loss



c) Periodontal chart recording pocketing, attachment loss and bone loss



Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT)* ©American Dental Association (ADA). All rights reserved.